



General Assembly

February Session, 2014

Amendment

LCO No. 4427

SB0019704427HR0

Offered by:

REP. SAMPSON, 80th Dist.

To: Senate Bill No. 197

File No. 37

Cal. No. 419

(As Amended by Senate Amendment Schedule "A")

"AN ACT DECREASING THE TIME FRAMES FOR URGENT CARE ADVERSE DETERMINATION REVIEW REQUESTS."

1 Strike sections 1 and 2 in their entirety and insert the following in
2 lieu thereof:

3 "Section 1. Subdivision (1) of subsection (c) of section 38a-591d of
4 the 2014 supplement to the general statutes is repealed and the
5 following is substituted in lieu thereof (*Effective October 1, 2014*):

6 (c) With respect to an urgent care request:

7 (1) (A) Unless the covered person or the covered person's
8 authorized representative has failed to provide information necessary
9 for the health carrier to make a determination and except as specified
10 under subparagraph (B) of this subdivision, the health carrier shall
11 make a determination as soon as possible, taking into account the
12 covered person's medical condition, but not later than [seventy-two

13 hours after the health carrier receives such request,] the time frame
14 required by the National Committee for Quality Assurance, provided,
15 if the urgent care request is a concurrent review request to extend a
16 course of treatment beyond the initial period of time or the number of
17 treatments, such request is made at least twenty-four hours prior to the
18 expiration of the prescribed period of time or number of treatments.

19 (B) Unless the covered person or the covered person's authorized
20 representative has failed to provide information necessary for the
21 health carrier to make a determination, for an urgent care request
22 specified under subparagraph (B) or (C) of subdivision (38) of section
23 38a-591a, the health carrier shall make a determination as soon as
24 possible, taking into account the covered person's medical condition,
25 but not later than twenty-four hours after the health carrier receives
26 such request, provided, if the urgent care request is a concurrent
27 review request to extend a course of treatment beyond the initial
28 period of time or the number of treatments, such request is made at
29 least twenty-four hours prior to the expiration of the prescribed period
30 of time or number of treatments.

31 Sec. 2. Subdivision (1) of subsection (d) of section 38a-591e of the
32 2014 supplement to the general statutes is repealed and the following
33 is substituted in lieu thereof (*Effective October 1, 2014*):

34 (d) (1) The health carrier shall notify the covered person and, if
35 applicable, the covered person's authorized representative, in writing
36 or by electronic means, of its decision within a reasonable period of
37 time appropriate to the covered person's medical condition, but not
38 later than:

39 (A) For prospective review and concurrent review requests, thirty
40 calendar days after the health carrier receives the grievance;

41 (B) For retrospective review requests, sixty calendar days after the
42 health carrier receives the grievance;

43 (C) For expedited review requests, except as specified under

44 subparagraph (D) of this subdivision, [seventy-two hours after the
45 health carrier receives the grievance] the time frame required by the
46 National Committee for Quality Assurance; and

47 (D) For expedited review requests of a health care service or course
48 of treatment specified under subparagraph (B) or (C) of subdivision
49 (38) of section 38a-591a, twenty-four hours after the health carrier
50 receives the grievance."

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2014	38a-591d(c)(1)
Sec. 2	October 1, 2014	38a-591e(d)(1)

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Sec. 2	October 1, 2014	38a-591e(d)(1)